

RETURN FORMS TO THE OLDE TOWNE YOUTH CENTER OR ACTIVITY CENTER

Ice Skating at Rockville Ice Arena

Friday, June 30, 2017

10:00am - 3:00pm

Cool down on the ice! Don't forget to wear socks.
Long pants are recommended.

Olde Towne Youth Center

301 Teachers Way

Gaithersburg, MD 20877

\$10

GYC & Student Union Members

Grades 6-12

*Fee does not include lunch. A meal will be available
when we return to the Youth Center.*



**STUDENT
UNION**
GAITHERSBURG STUDENT UNION

GYC

Gaithersburg
A CHARACTER COUNTS! City

maura.dinwiddie@gaithersburgmd.gov

301-258-6350

GYC & Student Union - Ice Skating 6.30.17 #48454

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐
Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Ice Skating	OTYC		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐
Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC/Disc/Amex# _____ Exp. ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: 48454

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____